

(from 61 percent of children in 1988 to 54 percent in 1993). Additionally, many lower-wage workers cannot afford the higher costs of family coverage.

Expansions in state Medicaid programs were able to cover many children who otherwise would have been uninsured. But rising health care costs and recent changes in federal welfare rules have many experts predicting that further expansions will not be possible. The result of these two trends is that children are 40 percent more likely to be uninsured than adults. For children with medical problems, lack of insurance doubles their chance of not getting care.

Very few insurance companies offer policies only for children, but a model program, Florida Healthy Kids, has demonstrated that a children's insurance product has a place in the market. The feasibility of a children's school enrollment-based health insurance program was first explored in a 1988 University of Florida study and in a subsequent pilot program, jointly funded by the State of Florida and The Robert Wood Johnson Foundation. The program designed a children's insurance product and used school districts to group children into purchasing pools to make the product affordable. The product was sold to families who did not qualify for government aid, but could not afford private health insurance for their children.

Moving the insurance contract from the employer to the school district also enhanced the portability of coverage, especially for families with a child with a pre-existing condition.

A recent evaluation of the program found a 70 percent decrease in emergency room visits per enrollee. In 1995, enrollees had more than 110,000 primary care visits, more than 9,500 children were immunized and 719 children received eyeglasses. Teachers also reported improved attendance in school.

The Florida Healthy Kids model has two goals: create a comprehensive insurance product for school children and facilitate the provision of preventive care for children. The Florida program has the following components:

Eligibility: All children enrolled in school grades K-12 are eligible to participate in the program. Pre-school age siblings may also join.

Benefits: The benefits package emphasizes prevention and is designed specifically for children's medical needs. It features inpatient and outpatient care, including dental, vision, and mental health. There are no pre-existing condition limitations and no medical underwriting. Co-payments are required for some services, such as emergency rooms, eyeglasses, office visits, and prescriptions. In each school district, insurance companies bid to participate in the program. To participate, companies must demonstrate that they have an adequate and accessible network of providers.

Role of the schools: Schools serve as the central institution within communities, fostering relationships between the local project, community leaders, and area business groups. Schools also verify student enrollment, distribute marketing materials and applications, provide parent outreach, enhance health education opportunities, and provide interpreters and translators for program activities and materials.

Financing: Premiums are covered by a combination of state and local/community funds, as well as family contributions based on a sliding scale. In Florida, the state contributes 25 percent, local/community funds comprise 40 percent, and families contribute approximately 35 percent of the premium. The state's initial contribution is higher, allowing communities to implement the program with minimal start-up contributions

(approximately five percent). The state portion declines over time as the local match and program enrollment increases.

Administration: In Florida, the Healthy Kids Corporation facilitates the efforts of all the parties in each site. This state-funded, 501(c)(3) corporate entity, manages the contractual arrangements for billing and administration of the product, and manages the bidding process with insurers at each site. A private third party administrator (TPA) helps with initial eligibility determinations, and handles the enrollment functions by processing applications and collecting monthly premiums paid by the families. In addition, the TPA verifies continuing eligibility by checking monthly to see that program participants are not receiving any services through the state Medicaid program.

IN RECOGNITION OF JIM RATHBONE

HON. FRANK RIGGS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 5, 1997

Mr. RIGGS. Mr. Speaker, I rise today to recognize Jim Rathbone.

For over 44 years Jim worked for the U.S. Department of Agriculture in California. For the last 25 years, he has been the Program Director of Rural Housing Service based in Woodland, CA. In this job he has been responsible for the 502 Mutual Self-Help Home Ownership Program for California.

Jim was born and raised in Sonoma County and has a close tie to the north coast. Many of my constituents who have built their houses through the self-help housing effort in California have benefited from his work and labor. Hundreds of lower income families have become homeowners in California thanks to his efforts in making this program work. For many, realizing their dream of home ownership has changed their lives forever.

Jim did not overlook the importance of his position or isolate himself from the daily issues of his work. He has always been available and accessible to those with whom he worked in the rural communities throughout California. He was always responsive to individual situations—willing to listen and constantly trying to make the program work for families who do the work.

His dedication and committed service is best exemplified by his work ethic. I am told that you could find Jim's car outside his office from sunup past sundown, often working well into the evening.

Those of us concerned about the availability of affordable housing and home ownership for working families owe an enormous debt of gratitude to this man. He has surely helped a large number of families to participate in the self-help program and become homeowners. Jim's life-long work clearly demonstrates the importance of public service to our society. It also is a statement of how one person's work can make such a positive impact on so many others.

Thank you, Jim, for a lifetime of devoted service to the north coast and rural Californians.

TRIBUTE TO RICHARD E. VATTER AND LORETTA SMITH VISION AWARD RECIPIENTS

HON. JAMES P. MORAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 5, 1997

Mr. MORAN of Virginia. Mr. Speaker, I rise today to recognize the charitable efforts of Mr. Richard E. Vatter, American Legion children and youth chairman and Loretta Smith, American Legion Auxiliary children and youth chairwoman. Mr. Vatter and Ms. Smith have been awarded the highest honor in the VISION [Volunteers In Service: Investing in Our Nation] program. Mr. Vatter and Ms. Smith are members of the American Legion. This organization was founded in 1919 with the mission to serve veterans and their families, the community, and the nation. In working to fulfill this goal Legion members donate a variety of resources to blood drives, Boys State, youth and adult athletic teams, educational scholarships, needy children, and veteran facilities.

Mr. Vatter and Ms. Smith are members of the American Legion Post 176 which has a 42-year history of good works in the Springfield community. Mr. Vatter and Ms. Smith were recognized for their work with the Spinoza buddy bear project. This project provides children who have chronic, life endangering, organ, mental, and emotional illnesses with a teddy bear that speaks. Mr. Vatter and Ms. Smith worked with the community and were able to procure 30 bears. This exceeded the expectations of the project and brought diverse elements of the Springfield community together to work toward this noteworthy goal.

Congratulations, Mr. Vatter and Ms. Smith. It is my hope that your good works inspire others to focus time and energy on those less fortunate. Best of luck in the future to both of you and may American Legion Post 176 enjoy a long and active life in the Eighth District of Virginia.

INTRODUCTION OF THE AMERICAN POLITICAL REFORM ACT

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 5, 1997

Mr. FARR of California. Mr. Speaker, today I introduce the American Political Reform Act and am joined in that introduction by nearly 50 of our colleagues from around the nation.

Last night the President challenged Congress to pass campaign finance legislation and we are here to tell you today that we are committed to doing so.

This bill meets the basic principles of true reform:

First, fairness. This bill does not favor one party over the other or one candidate over another.

Second, reduce the influence of special interests. This bill includes PAC limits, limits on large donors and eliminates soft money.

Third, level playing field. This bill makes campaigns competitive by enacting spending limits, giving all candidates a similar footing for financing their races.

Fourth, access to the system by nontraditional candidates. This bill makes it possible for minorities and women to run.